

STATE OF MONTANA  
Senior and Long-Term Care Division  
Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59604-4210  
Phone 406-444-4077

## Monthly Nursing Home Staffing Report

FACILITY NAME: \_\_\_\_\_

FACILITY PROVIDER NUMBER: \_\_\_\_\_

MONTH ENDING: \_\_\_\_\_

### STAFFING REQUIREMENT

Facilities must provide staffing at levels which are adequate to meet federal law, regulations, and requirements.

### HOURS/EMPLOYEES DURING REPORTING PERIOD

Please list the total number of hours worked and number of employees in each of the listed categories for the month:

	TOTAL EMPLOYEE HOURS	TOTAL CONTRACT HOURS	TOTAL HOURS WORKED
RNs			
LPNs			
CNA/ AIDES			
TOTAL			

	NUMBER OF FACILITY EMPLOYEES	NUMBER OF CONTRACT STAFF	TOTAL NUMBER OF RNs, LPNs, CNAs
RNs			
LPNs			
CNA/ AIDES			
TOTAL			

**Note:** Include all RN, LPN, and Aide hours for direct-care staff. Director of Nursing hours may be included if spent dispensing meds, on rounds, or charting. Do not include administrative hours. Do not include time spent on in-service training, time for laundry or maintenance staff even if they are certified as aides or other non-direct care staff. Contract employees/hours are direct-care hours provided by agency staff, temp service staff, etc., who are not employees of the facility.

### PATIENT DAYS

Please list the total number of occupied days by each category for the month:

LEVEL OF CARE	MEDICAID	MEDICARE	LONG-TERM CARE INSURANCE	VETERANS	PRIVATE PAY	OTHER (Workers Comp Ins., Auto Ins., Medigap Ins.)	TOTAL
Skilled Care (SNF)							
Nursing Care (NF)							
Hospice							
Billable Bed Holds							
Other							
TOTAL (5 rows)							
Medicare Coinsurance Payments (duplicated )							

### CERTIFICATION

I certify that this information, to the best of my knowledge, is true, accurate, and complete:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this form to Senior- and Long-Term Care Division, P.O. Box 4210, Helena, MT 59604-4210.

**Time line:** This form is to be submitted to the Department within 10 days following the end of each calendar month.